

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0588,963

FILING DATE

8-10-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1 -		
3				1 -		
4				1 -		
5				1 -		
6				1 -		
7				1 -		
8				2 ✓		
9				2 ✓		
10				2 ✓		
11				2 ✓		
12				2 ✓		
13				1 -		
14				1 -		
15				1 -		
16				1 -		
17				1 -		
18				1 -		
19				1 -		
20				1 -		
21				1 -		
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50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	43	←		←
TOTAL CLAIMS			44			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						